

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26570

State File No.

FILED SEP 7 1955

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3573</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>				STREET ADDRESS (If rural, give location) <u>5412 Falmouth St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u>		b. (Middle) <u>P.</u>		c. (Last) <u>Wise</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 - 10 - 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 30 - 1880</u>	
9. AGE (in years last birthday) <u>75</u>		10. AGE (in years last birthday) <u>75</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WINCHESTER KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FORD MOTOR CO.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WINCHESTER KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE WISE</u>		13b. MOTHER'S MAIDEN NAME <u>MALDA J. BOWMAN</u>		14. NAME OF HUSBAND OR WIFE <u>Viola Wise</u>		ADDRESS <u>5412 FALMOUTH RD. KANSAS CITY, MO.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-05-2500</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. VIOLA WISE</u>		ADDRESS <u>5412 FALMOUTH RD. KANSAS CITY, MO.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL EMBOLIZATION</u>				INTERVAL BETWEEN ONSET AND DEATH <u>DAYS</u>			
ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>AURICULAR FIBRILLATION</u>				<u>YEARS</u>			
DUE TO (c) <u>ARTERIOSCLEROTIC HEART DISEASE</u>				<u>YEARS</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4200</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8/3</u> , 19 <u>55</u> , to <u>8/10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/10</u> , 19 <u>55</u> , and that death occurred at <u>9:15 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Milton S. Steinberg</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>926 E. 11th Street, K.C. Mo</u>		23c. DATE SIGNED <u>8/11/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 13 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-13-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newcomer's Sons, 1331 Brush Creek</u>			

(Licensed Embalmer's Statement on Reverse Side)

K.C. Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Milton S. Steinberg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Edward M. Stone

Licensed Embalmer No. 44

P. O. Address K. C. I.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.